



Play well... Live well

VOLUNTEER INFORMATION FORM
FORT WAYNE PARKS AND RECREATION DEPARTMENT
COMMUNITY CENTER
233 W. MAIN ST.
FORT WAYNE, IN 46802

(Please Print) Last Name First Name Middle Initial
Address City State Zip
Home Phone Cell Phone Work Phone
E-mail Address Birthday-Month/Day

General/Medical (This information will be used only in case of emergencies)

(Please Print) Emergency Contact Name Relationship Phone #
Hospital Preference Primary Physician (full name) Phone #
Medical Conditions/Special Needs/Restrictions
Medications - Attach sheet for extended list
List Pertinent Allergies:

Currently working () In School () Retired () Other:
Education: High School () College () Major/Degree () Other:
Special Training/Skills:
Interest or Hobbies:
Previous volunteer work:
References:

As a government agency, there are some questions we are required to ask.

Have you ever been convicted of or pled guilty to a felony? YES [] NO []

Are you willing to submit to a background check including drug screen and police check? YES [] NO []

Statement of Accuracy:

I certify that the information contained in this application is correct and complete to the best of my knowledge. I understand that any misrepresentation or omission of critical information may be sufficient cause to disqualify me from consideration for volunteering and/or end my volunteer service.

Applicant's Signature Date

FOR OFFICE USE ONLY:

Has experience with:

- P.O.S Clerical/Administrative Skills Computer Programs
 Teaching Crafts Public Speaking
 Special/Other: _____

Areas of Interest:

- Front Desk Instructor Decorator/Crafts
 Data Entry Games Leader Administrative
 Kitchen Special Events Maintenance
 Other: _____

INTERVIEWED BY: _____ DATE: _____

Availability	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening							

Notes: _____

<u>Start Date</u>	<u>Retirement Date</u>	<u>Annual Awards</u>	<u>Special Awards</u>

Volunteer Positions:

1. _____ 4. _____ 7. _____
 2. _____ 5. _____ 8. _____
 3. _____ 6. _____ 9. _____

RECORDS ENTERED: _____ Database _____ Filed in Volunteer Book _____ Birthday Database
Initials / Date Initials / Date Initials / Date